

Application For Employment

Bob Boydston
Clay County Sheriff
12 South Water Street
Liberty, Missouri 64068

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(If filled out manually PLEASE PRINT or TYPE all information.)

Position(s) Applied For	Date of Application
How Did You Learn About Us?	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative
	<input type="checkbox"/> Walk-In
	<input type="checkbox"/> Other:

Last Name	First Name	Middle Name	Maiden Name
Address	Number	Street	City
			State
			Zip Code
Telephone Number(s)	Cellular	Date of Birth	Social Security Number

Are you a Clay County Resident? ☐ Yes ☐ No

If no, are you willing to relocate? ☐ Yes ☐ No

Have you ever applied with us before? ☐ Yes ☐ No

Have you ever been employed with us before? ☐ Yes ☐ No

If yes, give date:

Do you have relatives employed by Clay County? ☐ Yes ☐ No

List names and relationship:

List names you have used in the past:

Have you ever been convicted of any criminal or traffic offense? ☐ Yes ☐ No

If yes, please explain:

Are you prevented from lawfully becoming employed in this country

because of Visa or Immigration Status? ☐ Yes ☐ No

Do you have any court actions pending? ☐ Yes ☐ No

Military status: **DD214 Required**). Branch:

Dates of Duty: Discharge:

Proof of citizenship or immigration will be required.

Education -

PLEASE PROVIDE A COPY OF HIGH SCHOOL DIPLOMA OR GED, DD2-14, CERTIFICATION FROM POST. All School Transcripts - Diplomas/Degrees must be furnished with the application.

	MANDATORY Name, Address and Phone of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Specialized Skills

Describe any special training, apprenticeship, skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Employment Experience -

List Employment for the past 10 years only.
Blocks left blank must have an explanation.

1.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
2.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
3.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
4.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					
5.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
Reason for Leaving					

Employment Experience -

List Employment for the past 10 years only.
Blocks left blank must have an explanation.

6.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					
7.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					
8.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					
9.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					
10.	Employer		Date Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title		Supervisor		
Reason for Leaving					

Additional Information

Residences

List for the past 10 years beginning with the most RECENT.

From - To	Address	City	State	ZIP

References

Do not use former employers or relatives. (NO RELATIVES)

1.	Name	Phone #
	Address	
2.	Name	Phone #
	Address	
3.	Name	Phone #
	Address	

Applicant's Statement

Do Not Sign Until Directed To Do So By A Member Of Human Resources.

I hereby certify that there are no material misrepresentations or falsifications of the above answers to the questions. Should investigation disclose such material misrepresentations or falsifications, my application will be rejected, and I will be disqualified from any position in the service of the Clay County Sheriff's Department.

Applicant's Signature

Date

Interviewer's Signature

Consent for the Release of Confidential Information

To: _____

I, _____, hereby authorize and permit the above named entity to disclose/release any and all information concerning me to the Clay County Sheriff's Department. This information can include but is not limited to my work record, my reputation, my financial and credit status, educational records and transcripts, any and all medical, physical and mental records and reports, including all information considered to be of confidential or privileged nature, and Photostats of same if requested, for the purposes of conducting a Background Investigation for employment purposes.

Applicant's Signature

Date

Interviewer's Signature

ALL APPLICATIONS WILL REMAIN ON FILE FOR 12 MONTHS
